

CONSULATE GENERAL OF GREECE IN JERUSALEM - LONG TERM VISAS

We recommend applicants wishing Schengen visas to apply at the Visa Application Centre (VAC)

Address: Latin Building , Ahlieh College St. Ramallah , Helpline No: +97 02 2967478, Email info@greecevisa-palestineterritory.com

Website: www.Greecevisa-Palestineterritory.com

SN	BASIC REQUIREMENTS	Yes	No
1	Completely filled and signed application form		
2	Valid Passport with minimum 2 blank pages preferably continuous at least 3 months beyond the stay in Greece. Copy of the pages including previous Schengen visas. For a married woman, a copy of the page where the name of the husband and the included children appear.		
3	Travel medical insurance valid for a period of no less than the length of the visa, covering any expenses which might arise in connection with repatriation for medical reasons, urgent medical attention and/or emergency hospital treatment.		
4	Proof of sufficient financial means . Bank statement + certificate showing movements of the applicant's account for the last six months, signed and sealed by the bank		
5	A copy of the applicant's criminal record issued by the Foreign Authorities, certifying the applicant's criminal status. In cases where there is a final court decision, regardless of the extent of the penalty carried, and in order to ascertain the relevance of the offence with possible grounds that pose a risk to public order and security, specific parameters shall be taken into account such as the severity of the offence, relapse and a generally unlawful conduct of the third-country national.		
6	A medical fitness certificate issued by the Consulate General's authorized doctor, certifying that the applicant is free of any disease capable of putting public health at risk, according to the international situation and the World Health Organization, as well as of the other contagious , infectious or parasitic diseases which would require the adoption of public health protection measure.(PLEASE FIND ATTACHED THE RELATIVE SPECIMEN)		
7	Payment of 75 _Euro per visa, in advance, non-refundable.		
8	A non-refundable service charge of 30 Euro & Logistic fee is applicable per application over and above the visa fees payable by all applicants at the time of submission.		
Documents for Employees in Private Companies			
9	Copy of the State Gazette, confirming the registration of the company in Greece		
10	Recent certificate, issued by the Greek Ministry of Finance, confirming the the name of the legal representative of the company in Greece.		
11	The original (or copy, stamped and sealed) of the Contract of Employment between the company and the applicant.		
Notes			
12	Applicants may be called for interviews to assert purpose of travel and other relevant information. Applicants may be asked to present any other document that the -C o n s u l a t e General might deem appropriate.		
13	APPEALS: According to Schengen regulations, refused applicants may appeal the decision after signing the rejection notice. If no answer is received within 30 days, the application is considered to be refused. A second appeal may be lodged before the Greek courts		
14	All originals must be accompanied with photocopies		

Applicant's name:

Signature:

Tel #:

Date:

SO. VAC. Remarks:

SO. VAC. name and signature:

Date:

INSURANCE COMPANIES ACCREDITED TO THE SCHENGEN STATES IN RAMALLAH

SN	Company Name
1	Ahliea Insurance Group - AIG
2	Al-Takaful Palestinian Insurance Co.
3	Global United Insurance Company
4	Trust International Insurance Company - Palestine
5	National Insurance Company - NIC

PROCEDURE

A.	Arrange the documents
B.	Present them in the VAC: Submission 08.30 am. to 3.30 pm. (Sunday-Thursday) except on public or Consulate holidays.
C.	Apply in person. Your application will be checked and your finger prints as well as your digital photograph will be taken
D.	Approximately two weeks later, inquire (email or telephone) about the status of your visa .Or visit the website: www.greecevisa-palestineterritory.com (Track your application) Collection Time: 8:30 Am Till 4:00 Pm.

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(Doctor's Name, Surname or Name of Hospital/Health Center)

MA(Cambridge) BMBCh (Oxford) FAAD(USA) MD(UNSW)

..... (Address)

..... (City)

PHONE:, **FAX:**

MEDICAL CERTIFICATE FOR VISA

The undersigned Doctor in medicine Dr.

Certifies that he has examined this day	.....	.....
Date of birth	.....	Place of birth	.....
Number of travel document	.....	Nationality	.....
Home Address	.....		.....

and based on the examination and results of laboratory tests, has found **him/her**, in accordance with the provisions of Article 6, paragraph 3 and Article 8, paragraph 2, point b of the Law 3386/2005¹ on the "entry, residence and social integration of third-country nationals on Greek territory" free of one of the following illnesses, as mentioned in the Council Directive 64/221/EEC of 25 February 1964² on the "co-ordination of special measures concerning the movement and residence of foreign nationals which are justified on grounds of public policy, public security or public health",

¹ Government Gazette-GG A 212/23.08.2005,P. 3329

² Official Journal 056 , 04/04/1964 P. 0850 - 0857

A. Diseases which might endanger public health:

1. Diseases subject to quarantine listed in International Health Regulation No 2 of the World Health Organisation of 25 May 1951;
2. Tuberculosis of the respiratory system in an active state or showing a tendency to develop;
3. Syphilis;
4. Other infectious diseases or contagious parasitic diseases if they are the subject of provisions for the protection of nationals of the host country.

B. Diseases and disabilities which might threaten public policy or public security:

1. Drug addiction;
2. Profound mental disturbance; manifest conditions of psychotic disturbance with agitation, delirium, hallucinations or confusion.

Date of issue	
Doctor's signature and stamp	